

COUNTY SERVICE AREA #40
VOLUNTEER FIRE INSURANCE PROGRAM
Event Liability Certificate Request
(fax completed form to 565-1172)

Volunteer Department Name:
Contact Name:
Contact Phone #:
Type of Event:
Date of Event:
Location of Event:

If event is held at a site other than an insured location:

Certificate Holder Name:
Relationship to event (example: property owner):
Mailing Address:
Fax # (if available):

Name as Additional Insured? ☐ Yes ☐ No

Will alcohol be served? ☐ Yes ☐ No

Will alcohol be sold? ☐ Yes ☐ No

Note: If alcohol is served or sold you must comply with all regulations related to the consumption of alcoholic beverages.

For Department Use Only:		
Date Rec'd _____	Fax Date _____	Cert. Rec'd _____